

Duane Morris

DUANE MORRIS LLP
240 PRINCETON AVENUE, SUITE 150
HAMILTON, NJ 08619-2304
P.O. BOX 5203
PRINCETON, NJ 08543-5203
PHONE: 609.631.2400
FAX: 609.631.2401

RECEIVED
CENTRAL FAX CENTER

DEC 12 2005

A Delaware limited liability partnership
FRANK A. LUCHAK, RESIDENT PARTNER

FACSIMILE TRANSMITTAL SHEET

TO: Group Art Unit 2621

FIRM/COMPANY: United States Patent and Trademark Office

FACSIMILE NUMBER: 571-273-8300

**CONFIRMATION
TELEPHONE:**

FROM: Paul A. Schwarz, Esq.

DIRECT DIAL: 609.631.2446

DATE: December 12, 2005

USER NUMBER:

FILE NUMBER: U.S. Patent Application No. 10/088,772
Attorney Docket No. : Fleute-1

TOTAL # OF PAGES: 14
(INCLUDING COVER SHEET)

MESSAGE: PLEASE CONFIRM RECEIPT VIA RETURN FACSIMILE.
THANK YOU.

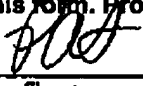
NOTE: Original will not follow

CONFIDENTIALITY NOTICE

THIS FACSIMILE TRANSMISSION IS PRIVILEGED AND CONFIDENTIAL AND IS INTENDED ONLY FOR THE REVIEW OF THE PARTY TO WHOM IT IS ADDRESSED. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE IMMEDIATELY TELEPHONE THE SENDER ABOVE TO ARRANGE FOR ITS RETURN, AND IT SHALL NOT CONSTITUTE WAIVER OF THE ATTORNEY-CLIENT PRIVILEGE.

If there is a problem with this transmission, please call us as soon as possible at 609.631.2400.

FTN130447.1

AMENDMENT TRANSMITTAL LETTER (Small Entity)					Docket No. Fleute-1									
Applicant(s): Fleute, et al.														
Application No. 10/088,772	Filing Date 07/30/2002	Examiner Patel, Shefall D	Customer No. 28581	Group Art Unit 2621	Confirmation No. 2130									
Invention: THREE-DIMENSIONAL STATISTIC RECONSTRUCTION OF SURFACES														
<u>COMMISSIONER FOR PATENTS:</u>														
Transmitted herewith is an amendment in the above-identified application.														
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27														
The fee has been calculated and is transmitted as shown below.														
CLAIMS AS AMENDED														
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE									
TOTAL CLAIMS	18	20	0	x \$25.00	\$0.00									
INDEP. CLAIMS	1	1	0	x \$100.00	\$0.00									
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00									
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00									
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2061 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.														
 Signature														
Dated: Decemebr 12, 2005														
Paul A. Schwarz, Esq. Registration No. 37,577 Duane Morris LLP P.O. Box 5203 Princeton, New Jersey 08543-5203 Telephone: 609-631-2446 Facsimile: 609-631-2401			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</td> </tr> <tr> <td style="text-align: center;">(Date)</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ Signature of Person Mailing Correspondence</td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</td> </tr> </table>				I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____		(Date)		_____ Signature of Person Mailing Correspondence		_____ Typed or Printed Name of Person Mailing Correspondence	
I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____														
(Date)														
_____ Signature of Person Mailing Correspondence														
_____ Typed or Printed Name of Person Mailing Correspondence														
CC:														